

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <i>10/SD 7103</i>	FILING DATE
						APPLICANT(S)	
<i>3/22/05</i>						CLAIMS	
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				51	
2		/				52	
3		/				53	
4		/				54	
5		/				55	
6		/				56	
7		/				57	
8		/				58	
9		/				59	
10		/				60	
11		/				61	
12		/				62	
13		/				63	
14		/				64	
15		/				65	
16		/				66	
17		/				67	
18		/				68	
19		/				69	
20		/				70	
21		/				71	
22		/				72	
23		/				73	
24		/				74	
25		/				75	
26						76	
27						77	
28						78	
29						79	
30						80	
31						81	
32						82	
33						83	
34						84	
35						85	
36						86	
37						87	
38						88	
39						89	
40						90	
41						91	
42						92	
43						93	
44						94	
45						95	
46						96	
47						97	
48						98	
49						99	
50						100	
TOTAL IND.						TOTAL IND.	
TOTAL DEP.						TOTAL DEP.	
TOTAL CLAIMS						TOTAL CLAIMS	
23						23	
25						25	